A	DATEN			Application or Docket Number										
1.	PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10787501					
1	CLAIMS AS FILED - PART I (Column 1) (Column 2)								ENTITY		_	ER THAN		
I	TOTAL CLAIR	AS	26	`				TYPE	E FE	- O		LENTITY		
I	FOR		1	NUMBER FILED		NUMBER EXTRA		BASIC		\rightarrow	RATE			
l	TOTAL CHARG	EABLE CLAIMS	25	25 minus 200				e 2X	7-	7	BASIC FI			
.	NDEPENDENT	CLAIMS	U	w minus 3 =				X43=		-l ^o		170		
ľ	MULTIPLE DEP	ENDENT CLAIM	PRESENT			/- 				OF	X85.	86		
	* If the difference is selected to be a								•	OF	-290=	9460		
	the difference in column 1 is less than zero, enter 10° in column 2 CLAIMS AS AMENDED - PART II (Column 1) (Column 2)							TOTAL		ОЯ	TOTAL	1 / 3		
,											OTHE	R THAN		
٢		CLAIMS MIGHEST						SMAL	L ENTIT	_```	SMALL	ENTITY		
MENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONA FEE		RATE	ADDI- TIONAL FEE		
Š	Total	.6	Mirars	- 2	5_	<u> </u>		X\$ 9=		OR	X\$18=			
MA		1. 2	Mires	- 4	<u> </u>	10 /		X43=		OR	X85=			
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						9					 		
							- 1	+145=	_	OR	+290=			
11	-78-05 (Catumn 1) (Catumn 2) (Column 3)							VOIT. FEI		LOR	ADDIT. PEE			
ø		CLAIMS REMAINING		HIGHE NUMBE		PRESENT	ſ		ADDI-	ו ר		ADDI-		
3		AFTER AMENDMENT		PREVIOU PAID FO		EXTRA		RATE	TIONAL	-	RATE	TIONAL		
AMENDMENT	Total	. 6	Minus	- 25	,	• /		X\$ 9=	1	OR	X\$18=	FEE		
	Independent	. 2	Minus	4	2	•/		X43=	:	1 1	X86=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM .							r	+145=		OR OR	+290=			
								TOTAL		OR	TOYAL			
		(Column 1)		(Column	(2)	(Column 3)					ODIT. FEE			
		CLAHAS REMAINING AFTER AMENDMENT	·	HIGHES MINIBE PREVIOUS	R SLY	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL	1	RATE	ADDI- TIONAL		
	Total	* WATERTHEN!	Minus	PAID FO			\vdash		FEE			FEE		
-	Independent	•	Minus	***	\dashv		L	X\$ 9=		OR	X\$18=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L	X43=		OR	XB6=			
ď	If the entiry in column 1 is less than the entry in column 2, write "t" in column 3. If the "Righest Number Previously Pald For IN THIS SPACE is less than 20, enter "20."									OR	+290=	·		
-;	the Trighest Nur	TOW Provided Pa	d for in this	S SPACE is les	E Dan	50' euter ,50',		TOTAL DIT. FEE		OR A	TOTAL OUT, FEE			
. 1	no Tighesi Kum	ber Proviously Paid	For (Total or	Independent)	is the h	grees number (ound	in the app	ropriste bo	in contur	m 1.	1		
RM	PTD-675 (Rex 10)	(C)			<u></u>			·	TROPPORTE					

Application or Docket Number

Patient and Trademiere Office, U.S. DEPARTMENT OF COMMERCE